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TRANSMITTAL	
FORM	

(to be used for all correspondence after initial filing)

Application Number	10/771,852	
Filing Date	February 4, 2004	
First Named Inventor	Jeffrey W. RUBERTI et al.	
Art Unit.	1796	
Examiner Name	Kelechi C. EGWIM	
Attorney Docket No.	20780-0006	

					Examiner Name	Kele	chi C. EGWIM	
					Attorney Docket No.	2078	0-0006	
	ENCLOSURES (Check all that apply)							
	Fee Transmittal Fee Attache Response to Res Amendment (No After Final Affidavits/declara Extension of Tim Express Abandor Information Discl (with reference Certified Copy of Document(s) Response to Mis Incomplete Applic	d striction Req. n-Final) ation(s) e Request nment Request osure Statement es) Priority sing Parts/ cation		Dra Lice Pet App Pov Cha Add Terr Rec CD,	wing(s) ensing-related Papers		Group Appeal Communication to Board of Appeals and Interferences Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)	
37 (CFR) 1.52 or 1.53								
		SIGNA	TURE	E OF	APPLICANT, ATTORNEY, OR	AGE	NT	
Firm	n Name	PROSKAUER RO	8F L	ĹΡ-	Customer No. 61263			
Sigr	nature	() / h	/,(_	<i> </i>				
Prin	ted Name	John P. Isacson,	Reg.	No.	33,715			
Date November 9, 2007								
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suffici	hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.							
Турес	d or printed name	-						
Signa	ture						Date	

FEE TRANSMITTAL FY 2008

Complete if Known					
Application Serial No.	10/771,852				
Filing Date	February 4, 2004				
First Named Inventor	Jeffrey W. RUBERTI et al.				
Group No.	1796				
Examiner Name	Kelechi C EGWIM				
Confirmation No.	9743				

	MEDILO	DOEDA	X / 3 # / 17 3 * / 20	Comminatio	II NO.	9/43		
METHOD OF PAYMENT Payment Enclosed:					 		E CALCULATION (continued)	
Payment Enclosed:						ITIONAL F	TEES	
☐ Check ☐ Money Order ☒ Other				Large Entity	Small Entity			
The Commindicated I	nissioner is her below for this s	eby author ubmission	zed to credit or c to Deposit Accou	harge any fee nt No. 50-3840	Fee(\$)	Fee (\$)	Fee Description	Fee Paid
Required Fees (copy of this sheet enclosed).					130	65	Surcharge - late filing fee or oath	
	Additional fo	ee required	under 37 CFR 1.	16 and	50	25	Surcharge - late provisional filing fee or cover sheet	
	Overpaymen	t Credit.			130	130	Non-English specification	
☐ Applica	nt claims sma	II entity s	tatus.		2,520	2,520	Request for ex parte re-examination	
	FEE C	ALCULA	TION		120	60	Extension for reply within 1st mo.	
1. BASIC FILIN	G, SEARCH	, AND EX	KAMINATION	FEES	450	225	Extension for reply within 2 nd mo.	
Application Type	Filing	Search	Examination	Fee Paid	1,020	510	Extension for reply within 3 rd mo.	
Utility	300	500	200		1.590	795	Extension for reply within 4th mo.	
Design	200	100	130		2,160	1,080	Extension for reply within 5 th mo.	
Plant	200	300	160		500	250	Notice of Appeal	
Reissue	300	500	600		500	250	Filing a brief in support of an appeal	
Provisional	200	0	0		1,000	500	Request for oral hearing	
	S	mall Entity	v Discount		400	0	Petitions to the Director	
		1	. TOTAL		180	180	Submission of IDS	\$180.00
2. EXCESS CLA	IM FEES		Fee	Small Entity	790	395	Filing a submission after final	
Each claim	over 20 or, for R d more than in the	eissues, each	claim ent 50	Fee (\$)	<u>.</u>		rejection (37 CFR 1.129(a))	
Each indep	endent claim over	r 3 or, for Re	eissues, 210	105	790	395	For each additional invention to be	
each indep patent.	endent claim mor	e than in the	original	.00	100	100	examined (37 CFR 1.129(b)) Certificate of Correction for applicant's error	
Total Claims	I	Extra Claims		Fee Paid (\$)	130	65	Submission of Terminal Disclaimer	
	- 20 or HP=		x \$50.00 =	\$				
HP = highest number of	for, if greate		•	Other fe	e (Specify)	Request for Continued Examination		
Indep. Claims		Extra Claims		Fee Paid (\$)	0	c (Specify)	request to Continued Examination	
	- 3 or HP=		x \$210,00 =	s	Other fee	(Specify)		
HP = highest number of		for, if greate	r than 3				4. TOTAL:	\$180.00
Multiple Dependent Claims	Fee(\$) 360	Smal 18	1 Entity fee (\$)	Fee Paid (\$)				
	200		-				TOTAL AMOUNT S	UBMITTED
			2. TOTAL:	\$			\$18	
3. APPLICATION	N SIZE FEE						SIGNATURE BLOCK	3100
If the specification as	nd drawing exc	eed 100 sh	eets of paper, the	application size				
fee due is \$250 (\$12) there of. See 35 U.S				s or fraction			Respectfully submitted,	
	.C. 41(a)(1)(G)	and 37 Cr	K 1.10(\$).					
Total Ex Sheets		dditional 5	50 or fraction F	ee (\$) Fee Paid	Date: Nove	ember 9, 20	07	
-100= 0	/50=	round u whole n		_ 0.00	Reg. No.:		John P. Isacson	
-100 0	730	WHOLE		= 0.00		(202) 416-6		(S)
3. TOTAL:					rax No.: (202) 416-6		
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